

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

appropriate. All further co- indicated unless corrected maintenance fee notification	rrespondence including the l below or directed otherwise ns.	Patent, advance ord in Block 1, by (a)	ders and notice specifying a	fication of maintenance fees in new correspondence address	will be mailed to the curren ; and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for			
		MAR: 0 3	2006 2040 2006 2040	Fee(s) Transmittal. TI papers. Each addition have its own certificat Ce I hereby certify that t States Postal Service addressed to the Ma	nis certificate cannot be used al paper, such as an assignme of mailing or transmission. rtificate of Mailing or Transhis Fee(s) Transmittal is being with sufficient postage for fill Stop 1SSUE FEE addres PTO (571) 273-2885, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor's name) (Signature)			
ADDITIONAL	FII DIC DATE		TID OT NAME OF		28/, 2006	(Date)			
APPLICATION NO.	FILING DATE		FIRST NAME	*****	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/814,636 TITLE OF INVENTION: D	04/01/2004 DESTACKING DEVICE FO	R ICE-CREAM CO	Wemer ONES	Tricle	88265-17341	7448			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$300	\$1700	03/02/2006			
EXAM	MINER	ART UNI	T	CLASS-SUBCLASS	7				
NOLAND, KENNETH W		3653		221-221000	_				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Bell, Boyd &					
	IEE	elow, no assignee of this form is NOT	data will app Ta substitute) RESIDENC	f (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CO Switzerland		document has been filed for			
Please check the appropriat	e assignee category or catego	ries (will not be pri	nted on the p	atent): Individual XX (Corporation or other private g	roup entity Government			
4a. The following fee(s) are	enclosed:	4b] ed)	Payment of A check		nclosed. 8 is attached.				
_ ` .	s (from status indicated above SMALL ENTITY status. See	•	b. Applic	ant is no longer claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).			
						the assignee or other party in			
Authorized Signature	1			Date	February 28,	<u> </u>			
Typed or printed name	Robert M. B	arrett		Registratio	n No. 30, 142	5			

February 28, 2006 Authorized Signature Date Typed or printed name Robert M. Barrett Registration No. 30,142

Typed or printed name Robert M. Barrett Registration No. 30,142

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

03/07/ 01 FC: 02 FC: 03 FC:

			_									
	TRANSMIT	TAL OF PAYME (37/C	Docket No. 112701-481									
Applicant(s): Thiele et al. MAR: 0 3 2006												
Application No. Filing Date TRADELINE Examiner		·	Customer No. 29157	Group Art Unit 3653	Confirmation No.							
Inv	10/814,636 April 1, 2004 K. Noland 29157 3653 7448 Invention: DESTACKING DEVICE FOR ICE-CREAM CONES											
Trai ⊠ ⊠												
X	Publication Fe		<u> </u>			•						
 A check in the amount of \$1,709.00 is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 02-1818 as described below. ☐ Charge the amount of I ☑ Credit any overpayment. ☑ Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Signature Dated: February 28, 2006 Robert M. Barrett (30,142) Customer No.: 29157 												
cc:	Certifi This ce	icate of Transmission by ertificate may only be us	ed if paying		Certificate of M	ailing by First Cla	ss Mail					
	I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax No. on Thereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on February 28, 2006											
	Tuned or Prin	stad Nama of Parson Signin	a Certificate	Type	d or Printed Name	of Person Mailing Co	rrespondence					